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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	08/403844
	Filing Date	6/23/1998
	First Named Inventor	Oystein Fodstad
	Art Unit	1641
	Examiner Name	Gailene Gabel
	Attorney Docket Number	08966.0033USF1

To: Commissioner for Patents
P.O. Box 1450
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Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number [REDACTED]

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

The client has assented to our withdrawal.

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Name	Mark E. Deffner	Registration No.	55,103
Date	12-09-2004	Telephone No.	612.332.5300

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